Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Page 1 of 50 Document

UNITED STATES BANKAUPTGY COURT Fill in this information to identify your case: NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: DEC 04 2017, NORTHERN DISTRICT OF ILLINOIS Case number (if known) JEFFREY P. ALLSTEADT, CLERK Chapter you are filing under: INTAKE 1 Chapter 7 Chapter 11 ☐ Chapter 12 ☐ Chapter 13 ☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer

| Pa | rt 1: Identify Yourself | | |
|----|---|---|---|
| 1. | Your full name | About Debtor 1; | About Debtor 2 (Spouse Only in a Joint Case): |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Ayesha First name Melissa Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Crawford Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7345 | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 2 of 50

| Debtor 1 Ayesha Meli First Name Middle | SSA Crawford Name Last Name | Case number (if known) | | |
|--|---|--|--|--|
| | | SECTION SECTION CONTINUES AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERT | | |
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. Any business names and Employer Identification Numbers | ☐ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. | | |
| (EIN) you have used in the last 8 years | An Angel In Symone Business name | Business name | | |
| Include trade names and doing business as names | Business name | Business name | | |
| | 2 0 8 2 1 3 8 7 8 | Stanious name | | |
| | EIN | EIN | | |
| | EIN | EIN | | |
| 5. Where you live | | If Debtor 2 lives at a different address: | | |
| | 7427 S. Beanes | AVE | | |
| | Number Street | Number Street | | |
| AM | CHICAGO IC 60640 | 7 | | |
| | City State ZIP Code | City State ZIP Code | | |
| | County | County | | |
| | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | Number Street | Number Street | | |
| | P.O. Box | P.O. Box | | |
| SIGN POOT STORES AND PERSONNELL STORES AND S | City State ZIP Code | City State ZIP Code | | |
| Why you are choosing this district to file for | Check one: | Check one: | | |
| bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | |
| | | | | |
| | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 3 of 50

Debtor 1

AVESHA MELISSA CRAWFORD

Case number (if known)_____

| I | i | ì | ä | r | ı | 9 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|

Tell the Court About Your Bankruptcy Case

| 7 | The chapter of the Bankruptcy Code you are choosing to file | 101 200 | one. (Fo nkruptcy (apter 7 | r a brief descrip (Form 2010)). A | otion of each, se Also, go to the te | e No | otice Required by a page 1 and check | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box. |
|----------|--|--|--|--|--|-----------------------|---|--|
| | under | | | | | | | |
| | | | apter 11 | | | | | |
| | | | apter 12 | | | | | |
| - 5-5-25 | | ⊔ Ch | apter 13 | erten biskund fin fine til bekende som hanss fin systems sid | ed en 2015 (2016) beste per 222 (1226) (1226) beste per 222 (1226) | 305.4%+009-4-2 | PANISA Antonia dan aya 17 a a fatta a a a a a a a a | |
| 8. | How you will pay the fee | you sub | rself, yo mitting | or more deta ou may pay w | ils about now ith cash, cash t on vour beha | you ier's | may pay. Typica check, or money | neck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is y pay with a credit card or check |
| | | ☐ i ne App | ed to p | ay the fee in for Individual | installments is to Pay The i | . If y Filing | ou choose this o g Fee in Installme | ption, sign and attach the ents (Official Form 103A). |
| | | By less pay | quest the aw, a jue than 15 the fee | nat my fee be dge may, but 50% of the off in installment | waived (You is not require icial poverty li s). If you choo | mag d to, ne th | y request this op waive your fee, nat applies to you his option, you n | tion only if you are filing for Chapter 7. and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the with your petition. |
| 9. | Have you filed for bankruptcy within the | W No | a annong it is their deer toget many species | rk i 1944 de como mila, y de del mademo qui il a cede à caba addiciona. | emonde har en formange generalische heben von erzeit, derweit he | homeny con num . | Mandrida (1865) (1865) (1866) | |
| | last 8 years? | Yes. | District | | \ | Vhen | MM / DD / YYYY | Case number |
| | | | District | | \ | Vhen | MM / DD / YYYY | Case number |
| | | | | | | | | |
| | | | District | | V | Vhen | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | D No | - Carlottan en | 17-18-9/Alderson Quigner by Industry or groups | ANIANA arrayon ya pagogata da Laurence aya gan bah, abi bar sa | erner tradicion | a kapitan mengerbahkan samangan penmenan salah samangan perbada samangan bermangan perbadasan samangan perbadasan sa | |
| | cases pending or being filed by a spouse who is | Yes. | Debtor | | | | | Relationship to you |
| | not filing this case with | | District _ | | | hen | | Case number, if known |
| | you, or by a business partner, or by an affiliate? | | | | | | MM/DD/YYYY | Case Humber, II KIIOWII |
| | | | Debtor _ | | | | | Relationship to you |
| | | | District _ | | W | hen | | Case number, if known |
| | er kalan anggapaga kalanggapanan ya Makalal an panggapaga kalan Inggapa kalan Mananaga pagaba. | reference de l'action de l'act | | channels a fine by and elitericists of all proper type grows and the fine half the fine of | Through the second or an indicate how companying the second becomes | | MM/DD/YYYY | The second secon |
| 1. | Do you rent your residence? | ☑ Ño. □ Yes. | Go to line Has your residence | r landlord obtai | ned an eviction | judgı | ment against you a | and do you want to stay in your |
| | | | No. 0 | So to line 12. | | | | |
| | | | Yes. this b | Fill out <i>Initial S</i> ankruptcy petit | tatement About ion. | an E | viction Judgment i | Against You (Form 101A) and file it with |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 4 of 50

| De | ebtor 1 Ayesha Melissa C | crawford | | Case number (if known) | | | | |
|---------|--|----------|---|--|--|--|--|--|
| 20 | | | | | | | | |
| 2007.00 | | usinesse | s You Own as a Sole Prop | rietor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | □ No. | Go to Part 4. | | | | | |
| | | Yes. | Name and location of I | pusiness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | An Angel In Symon Name of business, if a | | | | | |
| | If you have more than one sole proprietorship, use a | | 8601 Lakewood Av Gary, IN 46403 | 8601 Lakewood Avenue Gary, IN 46403 | | | | |
| | separate sheet and attach | | Number, Street, City, S | State & ZIP Code | | | | |
| | it to this petition. | | Check the appropriate | box to describe your business: | | | | |
| | | | | siness (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | eal Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | s defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | | ker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | None of the abo | | | | | |
| | | | , | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | operatio | f you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | | |
| | For a definition of small | No. | I am not filing under Ch | apter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | er 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapte | er 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | 4: Report if You Own or | Have An | / Hazardous Property or A | ny Property That Needs Immediate Attention | | | | |
| | Do you own or have any | | TO A STATE OF THE | 11 Topoly That needs innediate Allerholi | | | | |
| | property that poses or is | No. | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | | |
| | public health or safety? | | | | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number Street City State 9 7th Code | | | | |
| | | | | Number, Street, City, State & Zip Code | | | | |

Entered 12/04/17 15:38:58 Desc Main Case 17-36046 Doc 1 Filed 12/04/17 Page 5 of 50 Document

| Deb | tor 1 Ayesha Melissa C | raw | ford | | | Case number (if known) |
|----------|--|------|--|-----------|--------------------------|--|
| Par | 5: Explain Your Efforts | to R | eceive a Briefing About Credit Counseling | | | |
| 15. | Tell the court whether | Ab | oout Debtor 1: ou must check one: | | | nt Debtor 2 (Spouse Only in a Joint Case): |
| b c | you have received a briefing about credit counseling. The law requires that you | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | 1,740,000 | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate ocompletion. |
| | receive a briefing about credit counseling before you file for bankruptcy. | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | ı i | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. |
| | You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | [| 1 | received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificat of completion. |
| | If you file anyway, the court can dismiss your case, you will lose whatever filing fee | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | f | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. |
| yc cr | you paid, and your creditors can begin collection activities again. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | Г | f t r | certify that I asked for credit counseling services rom an approved agency, but was unable to obtain hose services during the 7 days after I made my equest, and exigent circumstances merit a 30-day emporary waiver of the requirement. |
| | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances | | te b | o ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it sefore you filed for bankruptcy, and what exigent ircumstances required you to file this case. |
| | | | required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | M fi fi co n | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you led for bankruptcy. If the court is satisfied with your reasons, you must still exceive a briefing within 30 days after you file. You must le a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. |
| | | | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: | |]]; | am not required to receive a briefing about credit |
| | | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | |
| | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. |
| | | | Active duty. I am currently on active military duty in a military combat zone. | | | Active duty. I am currently on active military duty in a military combat zone. |
| | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. | | ab | ou believe you are not required to receive a briefing out credit counseling, you must file a motion for waiver credit counseling with the court. |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 6 of 50

| De | ebtor 1 | Ayesha Melissa | Crawford | | Cas | se number (If known) | | |
|------|-----------------|---|--|---|---|--|--|--|
| Pa | ert 6: | Answer These Ques | tions for F | Reporting Purposes | | | B | |
| | | What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S individual primarily for a personal, family, or household purpose." | | | | | y an | |
| | | | | ☐ No. Go to line 16b. | , | | | |
| | | | | Yes. Go to line 17. | • | | | |
| | | | 16b. | Are your debts primarily bu money for a business or inves | siness debts? Business debts a stment or through the operation o | are debts that you incurred to obtain | | |
| | | | | ☐ No. Go to line 16c. | - , | | | |
| | | | | ☐ Yes. Go to line 17. | | | | |
| | | | 16c. | State the type of debts you ov | ve that are not consumer debts or | r business debts | | |
| 17. | | ou filing under ter 7? | □ No. | I am not filing under Chapter 7 | 7. Go to line 18. | | | |
| | after : | ou estimate that any exempt erty is excluded and histrative expenses | Yes. | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | are pa | aid that funds will | | No | | | | |
| | | ailable for oution to unsecured ors? | | ☐ Yes | | | | |
| 18. | How t | nany Creditors do | 1-49 | | □ 1,000-5,000 | ☐ 25,001-50,000 | | |
| | you e: owe? | stimate that you | □ 50-99 | | □ 5001-10,000 | ☐ 50,001-100,000 | | |
| | | | ☐ 100-19 ☐ 200-99 | | 1 0,001-25,000 | ☐ More than100,000 | | |
| 19. | How much do you | | \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | THE PARTY OF THE P | |
| | be wo | ate your assets to rth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 millio | on \$1,000,000,001 - \$10 billion | | |
| | | | | 001 - \$500,000 101 - \$1 million | □ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 milli | | | |
| 20. | | nuch do you ite your liabilities | \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | to be? | | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | n 🔲 \$1,000,000,001 - \$10 billion | | |
| | | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 millio | | | |
| Part | 74 si | gn Below | 2° ; alamina () () () () () () () () () (| | | | | |
| For | you | | I have exa | mined this petition, and I declar | re under penalty of perjury that the | ne information provided is true and correct. | and the same | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | |
| | | | if no attorn document, | ley represents me and I did not I have obtained and read the n | pay or agree to pay someone whotice required by 11 U.S.C. § 342 | no is not an attorney to help me fill out this 2(b). | | |
| | | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | | I understar bankruptey and 8571. | nd making a false statement, co | incealing property, or obtaining m 256,000, or imprisonment for up | noney or property by fraud in connection with a to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 | 19, | |
| | | | Ayesha N Signature o | Melissa Crawford of Debtor 1 | Signature of | Debtor 2 | | |
| | | | Executed o | n 12-4-17 | Executed on | 1 | | |
| | | | | MM / DD / YYYY | | MM / DD / YYYY | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 7 of 50

| Debtor 1 Ayesha Melissa (| Crawford | Case number (if known) | | | | |
|--|--|------------------------|--|--|--|--|
| For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page. | I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. | | | | | |
| | Signature of Attorney for Debtor | Date MM / DD / YYYY | | | | |
| | Printed name | | | | | |
| | Firm name | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone | Email address | | | | |
| | Bar number & State | | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 8 of 50

| | | Docume | in age of 50 | | | | |
|---|---|---|---|--|--|--|--|
| Debtor 1 Ayesha Melissa | Crawford | | Case number (if known) | | | | |
| For you if you are filing this bankruptcy without an attorney | Scobie itite t | i evnement amicali fo le | o represent yourself in bankruptcy court, but you should understand that many epresent themselves successfully. Because bankruptcy has long-term ou are strongly urged to hire a qualified attorney. | | | | |
| If you are represented by an attorney, you do not need to file this page. | nted by an To be successful, you must correctly file and handle your bankrupter one. The mile and handle your bankrupter one. | | | | | | |
| | not be dischar judge can also destroying or l | ged. If you do not list prop deny you a discharge of hiding property falsifying | is in the schedules that you are required to file with the court. Even if you plan to pay ptcy, you must list that debt in your schedules. If you do not list a debt, the debt may perty or properly claim it as exempt, you may not be able to keep the property. The fall your debts if you do something dishonest in your bankruptcy case, such as records, or fying. Individual bankruptcy cases are randomly audited to determine if and complete. Bankruptcy fraud is a serious crime; you could be fined and | | | | |
| | States Bankru | ptcy Code, the Federal Ri | the court expects you to follow the rules as if you had hired an attorney. The court user filing for yourself. To be successful, you must be familiar with the United ules of Bankruptcy Procedure, and the local rules of the court in which your case is state exemption laws that apply. | | | | |
| | Are you aware | that filing for bankruptcy | is a serious action with long-term financial and legal consequences? | | | | |
| | ⊔ No | | • | | | | |
| | Yes | | | | | | |
| | Are you aware could be fined | that bankruptcy fraud is a or imprisoned? | a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you | | | | |
| | Yes | | | | | | |
| | Did you pay or | agree to pay someone wh | ho is not an attorney to help you fill out your bankruptcy forms? | | | | |
| | ☐ Yes | Name of Person | | | | | |
| | | Attach Bankruptcy Petiti | ion Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |
| | By signing here this notice, and not properly had | | derstand the risks involved in filing without an attorney. I have read and understood ankruptcy case without an attorney may cause me to lose my rights or property if I do | | | | |
| | Ayesha Melis Signature of De | btor 1 | Signature of Debtor 2 | | | | |
| | Date 12 | | Date | | | | |
| | MM / DE Contact phone | | MM / DD / YYYY | | | | |
| | Cell phone | 773-941-9297 773-941-9297 | Contact phone | | | | |
| | | 117-041-2721 | Cell phone | | | | |

Email address

Email address eshamelissa@gmail.com

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 9 of 50

| Fill in this info | rmation to identify vo | our case and this filing: | - | |
|-------------------------------------|---|--|---|--|
| Debtor 1 | Ayesha Meliss | to the Assessment Control of the Con | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the | e: NORTHERN DISTRICT O | PF ILLINOIS | |
| Case number | | | | ☐ Check if this is a |
| | | PACADE AND | | amended filing |
| O(C : 1 E | 4001 | | | |
| | orm 106A/B | nort. | | |
| | le A/B: Pro | | ice. If an asset fits in more than one category, list | 12/15 |
| unin it iitə beət. L | re space is needed, atta | urate as possible, it two married | ice. If an asset rits in more than one category, list people are filing together, both are equally respoi . On the top of any additional pages, write your na | anible for a complete contract of |
| Part 1: Describe | Each Residence, Build | ling, Land, or Other Real Estate Y | You Own or Have an Interest In | |
| l. Do you own or l | have any legal or equita | able interest in any residence, bu | uilding, land, or similar property? | |
| No. Go to Par | rt 2. | | | |
| Yes. Where i | is the property? | | | |
| Part 2: Describe | Your Vehicles | | | |
| o you own, leas | se, or have legal or e | equitable interest in any vehic | cles, whether they are registered or not? Incle G: Executory Contracts and Unexpired Leases | ude any vehicles you own that |
| | | utility vehicles, motorcycles | | s. |
| | • | ,, | | |
| ■ No □ Yes | | | | |
| - 733 | | | | |
| . Watercraft, air Examples: Boat | rcraft, motor homes, ts, trailers, motors, per | ATVs and other recreational rsonal watercraft, fishing vesse | l vehicles, other vehicles, and accessories els, snowmobiles, motorcycle accessories | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| 5 Add the dolla | r value of the portion | 3 VOS OWN for all of your onfe | ies from Part 2, including any entries for | |
| pages you ha | ve attached for Part | 2. Write that number here | ies from Part 2, including any entries for | \$0.00 |
| Pari () Deporibe) | Your Personal and Nav | and ald to | | <u> </u> |
| o you own or h | Your Personal and Hou lave any legal or equ | isenoid items itable interest in any of the fo | ollowing items? | Current volue of the |
| 1.00 | | | 아님 물리보면 고본으로 발표하는 것은 | Current value of the portion you own? |
| | Approximately | The second secon | | Do not deduct secured claims or exemptions. |
| Examples: Maj | ods and furnishings or appliances, furnitur | e, linens, china, kitchenware | | · |
| □ No | | | | |
| Yes. Descri | ibe | | | |
| | 2 Bedroo | om sets, Table, chairs,mis | sc. furniture | \$250.00 |
| | | | | The state of the s |
| Electronics Examples: Tele | evisions and radios: au | Idio, video, stereo, and digital | equipment; computers, printers, scanners; musi | o collections: statement in the |
| | uding cell phones, can | meras, media players, games | ogeneral, computers, printers, scanners; musi | c collections; electronic devices |
| ☐ No Yes. Descrit | he | | | |
| ficial Form 106A/ | | Schedule | A/B: Property | page 1 |
| | | | · - e | nana : |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 10 of 50

| Ayesha Melissa Crawford | Case number (if known) | |
|---|--|---|
| 2 Televisions | | \$300.00 |
| es: Antiques and figurines; paintings, prints, or other artwork; book other collections, memorabilia, collectibles | s, pictures, or other art objects; stamp, coin | a, or baseball card collections; |
| | | |
| ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bio musical instruments | cycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| Dannik - | | |
| | | |
| | | |
| Describe | | |
| les: Everyday clothes, furs, leather coats, designer wear, shoes, a | ccessories | |
| | | |
| Personal clothing | | \$100.00 |
| Misc. costume jewelry and a watch | | \$60.00 |
| | | |
| Describe | | |
| er personal and household items you did not already list, incl | uding any health aids you did not list | |
| Give specific information | | |
| | | |
| Misc. personal items | | \$100.00 |
| Misc. personal items | | \$100.00 |
| e dollar value of all of your entries from Part 3, including any | entries for pages you have attached | \$100.00 \$810.00 |
| e dollar value of all of your entries from Part 3, including any | entries for pages you have attached | |
| e dollar value of all of your entries from Part 3, including any t 3. Write that number here | | \$810.00 |
| e dollar value of all of your entries from Part 3, including any | | |
| e dollar value of all of your entries from Part 3, including any t 3. Write that number here | ? | \$810.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | bles of value es: Antiques and figurines; paintings, prints, or other artwork; book other collections, memorabilia, collectibles Describe ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bit musical instruments Describe Ins elections: Pistols, rifles, shotguns, ammunition, and related equipment Describe Selections: Everyday clothes, furs, leather coats, designer wear, shoes, and lest Everyday jewelry, costume jewelry, engagement rings, wedding the costume jewelry and a watch Misc. costume jewelry and a watch Misc. personal and household items you did not already list, including Give specific information | Describe Personal clothing Personal clothing Misc. costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, ge |

Official Form 106A/B

Schedule A/B: Property

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 11 of 50

| | Debtor 1 | Ayesha Melissa Crawford | Case number (if known) |
|-----|-----------------------|--|--|
| 17 | Examp | its of money iles: Checking, savings, or other financial accoinstitutions. If you have multiple accounts | ounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar with the same institution, list each. |
| | ■ No □ Yes | | Institution name: |
| 18 | Examp | mutual funds, or publicly traded stocks les: Bond funds, investment accounts with bro | okerage firms, money market accounts |
| | ■ No □ Yes | | name: |
| 19 | losus A | blicly traded stock and interests in incorpo | orated and unincorporated businesses, including an interest in an LLC, partnership, an |
| | No Yes. | Give specific information about themName of entity: | % of ownership: |
| 20 | Negotia | ment and corporate bonds and other nego able instruments include personal checks, cas agotiable instruments are those you cannot tra | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. |
| | ☐ Yes. (| Give specific information about them Issuer name: | |
| 21 | Examp | nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 4 | 03(b), thrift savings accounts, or other pension or profit-sharing plans |
| | ■ No □ Yes. l | ist each account separately. Type of account: | Institution name: |
| 22 | Your st | y deposits and prepayments are of all unused deposits you have made so es: Agreements with landlords, prepaid rent, p | that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies, or others |
| | | | Institution name or individual: |
| 23. | Annuitio | es (A contract for a periodic payment of mone | y to you, either for life or for a number of years) |
| | Yes | Issuer name and description. | |
| 24. | Interests 26 U.S.C | in an education IRA, in an account in a quality (5.8) 530(b)(1), 529A(b), and 529(b)(1). | alified ABLE program, or under a qualified state tuition program. |
| | ☐ Yes | Institution name and description | Separately file the records of any interests.11 U.S.C. § 521(c): |
| | No | | her than anything listed in line 1), and rights or powers exercisable for your benefit |
| | | Give specific information about them | |
| | Example No | copyrights, trademarks, trade secrets, and es: Internet domain names, websites, proceed | d other intellectual property s from royalties and licensing agreements |
| | | Sive specific information about them s, franchises, and other general intangibles | |
| | Example No | es: Building permits, exclusive licenses, coope | erative association holdings, liquor licenses, professional licenses |
| | | Sive specific information about them | |
| Mo | oney or pi | operty owed to you? | Current value of the portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B

Schedule A/B: Property

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 12 of 50

| D | ebtor 1 | Ayesha Melissa Crawford | Case number (if known) | |
|-----|-----------------------------------|--|--|----------------------------|
| 28 | _ | unds owed to you | | |
| | ■ No ☐ Yes. | Give specific information about them, including whether you | already filed the returns and the tax years | |
| 29 | No No | support les: Past due or lump sum alimony, spousal support, child so Sive specific information | upport, maintenance, divorce settlement, property settle | ement |
| 30 | Examp | mounts someone owes you les: Unpaid wages, disability insurance payments, disability benefits; unpaid loans you made to someone else Give specific information ISAbility Class s in insurance policies les: Health, disability, or life insurance; health savings accounts. | benefits, sick pay, vacation pay, workers' compensation of the second of | n, Social Security |
| 31. | Interest Example No | s in insurance policies les: Health, disability, or life insurance; health savings account | ant (HSA); credit, homeowner's, or renter's insurance | |
| | Yes. N | Name the insurance company of each policy and list its value Company name: | e. Beneficiary: | Surrender or refund value: |
| | | Prudential Insurance PO Box 7390 Philapelphia, PA 19176 | Sincere Wheeler | \$0.00 |
| | someon No | erest in property that is due you from someone who has re the beneficiary of a living trust, expect proceeds from a life has died. Give specific information | died e insurance policy, or are currently entitled to receive pr | operty because |
| | Example No | against third parties, whether or not you have filed a law es: Accidents, employment disputes, insurance claims, or rig Describe each claim | rsuit or made a demand for payment phts to sue | |
| 34. | Other co □ No | entingent and unliquidated claims of every nature, include Describe each claim | ding counterclaims of the debtor and rights to set o | ff claims |
| | | Disability Claim with SS. | A pending since 2013 | \$0.00 |
| ı | No | ncial assets you did not already list sive specific information | | |
| 36. | Add the for Part | e dollar value of all of your entries from Part 4, including 4. Write that number here | any entries for pages you have attached | \$0.00 |
| Par | 5: Desc | ribe Any Business-Related Property You Own or Have an Interes | st in. List any real estate in Part 1. | |
| | Do you ow No. Go to Yes. Go | | i property? | |
| 4 | # 168. GO | to time 50. | | |

Official Form 106A/B

Schedule A/B: Property

page 4

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 13 of 50

| Debte | or 1 | Ayesha Melissa Crawford | | Case number (if known) | |
|--------------|---------------------|---|-----------------------|--|----------|
| Part 6 | Des If yo | scribe Any Farm- and Commercial Fishing-Related Property You but own or have an interest in farmland, list it in Part 1. | Own or Have an Intere | est In. | |
| | No. (| own or have any legal or equitable interest in any farm- Go to Part 7. Go to line 47. | or commercial fishi | ing-related property? | |
| Part 7 | | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | x <i>ampi</i> No | have other property of any kind you did not already list? es: Season tickets, country club membership Sive specific information | | | |
| 54. A | DANGE CONTRACT | e dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| 55. P | art 1: | Total real estate, line 2 | | | |
| 56. P | art 2: | Total vehicles, line 5 | \$0.00 | ······································ | \$0.00 |
| 57. P | art 3: | Total personal and household items, line 15 | \$810.00 | | |
| 58. P | art 4: | Total financial assets, line 36 | \$0.00 | | |
| 59. P | art 5: | Total business-related property, line 45 | \$0.00 | | |
| | | Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. P | art 7: | Total other property not listed, line 54 + | \$0.00 | | |
| 62. T | otal p | ersonal property. Add lines 56 through 61 | \$810.00 | Copy personal property total | \$810.00 |
| 63. T | otal o | f all property on Schedule A/B. Add line 55 + line 62 | | Part of Supplement Control on the Control of Control on the Contro | \$810.00 |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Page 14 of 50 Document

| Debtor 1 | Ayesha Melis | sa Crawford | | |
|---------------------|------------------------|-----------------------|-------------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| Case number | ankruptcy Court for th | ne: NORTHERN DISTRICT | OI ILLINOIS | W-10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| (if known) | | | | ☐ Check if this is an amended filing |

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of

| P | art 1: Identify the Property You Claim as E | xempt | | The state of the s | | | | | | |
|----------------|--|--|---------|--|------------------------------------|--|--|--|--|--|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | en if y | our spouse is filing with you. | | | | | | |
| | You are claiming state and federal nonban | kruptcy exemptions. | 11 U. | S.C. § 522(b)(3) | | | | | | |
| | ☐ You are claiming federal exemptions. 11 t | | | , | | | | | | |
| 2. | For any property you list on Schedule A/B | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | ount of the exemption you claim | Specific laws that allow exemption | | | | | |
| | | Copy the value from Schedule A/B | Chi | eck only one box for each exemption. | | | | | | |
| | 2 Bedroom sets, Table, chairs,misc. furniture | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) | | | | | |
| data mela inc. | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | 2 Televisions Line from Schedule A/B: 7.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) | | | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Personal clothing Line from Schedule A/B: 11.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(a) | | | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Misc. costume jewelry and a watch Line from Schedule A/B: 12.1 | \$60.00 | | \$60.00 | 735 ILCS 5/12-1001(b) | | | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |
| | Misc. personal items Line from Schedule A/B: 14.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | | | | | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 15 of 50

| Debtor 1 | Ayesha Melissa Crawford | | | Case number (if known |) |
|----------------|--|--|--------|---|------------------------------------|
| Brie Sch | f description of the property and line on edule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim ck only one box for each exemption. | Specific laws that allow exemption |
| | dential Insurance Box 7390 | \$0.00 | | \$0.00 | 215 ILCS 5/238 |
| Phi Ber | lapelphia, PA 19176 neficiary: Sincere Wheeler from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ability Claim with SSA pending | \$0.00 | | \$0.00 | 735 ILCS 5/12-1001(h)(4) |
| | from Schedule A/B: 34.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. Are (Sub | you claiming a homestead exemption ject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covers No Yes | 3 years after that for cas | es fil | - | |

| TAX CAMPAGES CONTROL OF THE | CONTRACTOR OF THE PROPERTY OF | Contract of the Contract of th | Journalit | i age i |
|-----------------------------|---|--|-----------|---------|
| Fill in this in | formation to identify y | your case: | | |
| Debtor 1 | Ayesh4 | Melico, Middle Name | a Crau | Dord |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Corthern District o | Illinoi | 2 |
| Case number (If known) | | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below.

| As much as possible, list the claims in al | more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. chabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|---|--|
| 2.1 | Describe the property that secures the claim: | • | ¢. | \$ |
| Creditor's Name | | | Φ | \$ |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | and a | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | - | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| .2 | Describe the property that secures the claim: | setti vita eta esta esta esta esta esta esta est | S S | |
| Creditor's Name | | | T | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | , | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit | | | |
| At least one of the deptots and shottlet | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | Circl (moduling a right to onset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |

Debtor 1

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Ayl Document Page 17 of 50 Case number (if known)

| Part 1: Additional Page After listing any entries on this by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|--|--|--|
| | Describe the property that secures the claim: | ς. | \$ | \$ |
| Creditor's Name | property man observed the ordinary | · · · · · · · · · · · · · · · · · · · | Ψ | Φ |
| | | | | |
| Number Street | | A PARTICULAR DE LA PART | | |
| | | j | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| Check if this claim relates to a | | | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | ###################################### | the matter of the Control of the Con | ter til et er ett til et et er |
| Creditor's Name | besome the property that secties the claim: | <u> </u> | \$ | B |
| | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent | | | |
| | ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured | | | 3 |
| Debtor 1 and Debtor 2 only | car loan) | | | |
| At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | Judgment lien from a lawsuit | | | - |
| Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| ************************************** | | dialisent processing in the content of a content of the content of | da mailinii manaka keljala ida mikila hatian ka kana na asa keljala ja ja ja ja | |
| | Describe the property that secures the claim: | 3 | \$ \$ | |
| Creditor's Name | | | Ψ. | |
| | | | | |
| Number Street | | | | |
| | | | | : |
| | As of the date you file, the claim is: Check all that apply. | | | |
| City State ZIP Code | Contingent | | | |
| City State ZIP Code | Unliquidated | | | Ì |
| | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | 1 |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Charles this state and the | Other (including a right to offset) | | | |
| ☐ Check if this claim relates to a community debt | | | | * (*********************************** |
| Date debt was incurred | Last 4 digits of account number | | | - |
| Add the dollar value of your entries | in Column A on this page. Write that number here: | | | |
| | add the dollar value totals from all pages. | | | |
| Write that number here: | S | | | |

Debtor 1

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main

A C Document Page 18 of 50

Case number (# known) Case number (# known)

| Part 2: List Others to Be Notified for a Debt That You Already Lister |
|---|
|---|

| | | | A SAN TAN TAN A STEEL STEEL SAN TO SAN TAN A SAN TAN | |
|--|--|--|---|---|
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| City | | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| City | | State | ZIP Code | |
| a in a media abada abada 1/1 giyang saabaa | a menenen tekneråla vari paga tilandyri okunika i enemet i enemet kondi. Å gågjura gjangu | til det met til en mende å gunngrige forskrivere grænerer, en en men en en en en krivergrever. | Milanto e e em 1800 e e em 1800 pela o compansio y processo processo de la compansió y comp | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | _ |
| City | | State | ZIP Code | - : |
| a a dia na di munaya mgayad um | metrophism i ne krafinick komiska fanjar i i nemeri ne ne mak propinsi i nemeri propinsi i propinsi i najvoj j | kata da mada a 1 da da 1 a marina mangamaga yang ngang ang at a magang a 1 km anang | alkalan karajara da da mara karajaraja karajarajarajaraja ja arajara karana mara da mara da mara da mara da ma | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | - |
| City | | State | ZIP Code | - |
| er te ara a d'est anne et ausenitaine ata | egy en filologic and en | er for the section of a different group of the contract of the contract of the contract of the contract of group group group of the contract o | e a ferral de Maria e a debusarpado de 200 aprilha e a cara e a cara e de la caración de la caración de la car La caración de la caración de la caración de 200 aprilha e a caración de la caración de la caración de la carac | On which line in Part 1 did you enter the creditor? |
| lame | | | | Last 4 digits of account number |
| lumber | Street | | | • |
| ity | | State | ZIP Code | |
| | | | POTENTIAL TO THE PROPERTY AND | On which line in Part 1 did you enter the creditor? |
| ame | | | | Last 4 digits of account number |
| umber | Street | | | |
| | | | | |
| ity | | State | ZIP Code | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 19 of 50

| i energy in the | | | | | | | | |
|---|---|--|---|---|---|---|--|--|
| Fill in | this inforn | nation to identify your | case: | | | | | |
| Debto | r 1 | Ayesha Melissa C | rawford | | | | | |
| | _ | First Name | Middle N | ame | Last Name | | | |
| Debtoi (Spouse | | First Name | Middle N | ame | Last Name | | | |
| | - | nimunian Carret for the | | | | | | |
| United | States Bai | nkruptcy Court for the: | NORTHER | N DISTRICT OF | ILLINUIS | | | |
| | number _ | | | | | | | |
| (if knowr | 1) | | | | | | | Check if this is an |
| | | en annual contract of the territory of t | | | | | | mended filing |
| Offici | ial Forn | n 106E/F | | | | | | |
| Sche | dule E | /F: Creditors W | ho Have | Unsecured | d Claims | | | 12/15 |
| any exe Schedu Schedu left. Atta | cutory cont le G: Execut le D: Credito ach the Con | racts or unexpired leases tory Contracts and Unexp ors Who Have Claims Sec | that could resuited Leases (Oured by Proper | ult in a claim. Also fficial Form 106G) ty. If more space i | list executory of the | contracts on So any creditors w the Part you ne | cors with NONPRIORITY cla chedule A/B: Property (Offic with partially secured claims ed, fill it out, number the er Part. On the top of any addi | ial Form 106A/B) and on that are listed in tries in the boxes on the |
| Part 1 | List Al | I of Your PRIORITY Un | secured Clai | ms | | | | |
| | • | rs have priority unsecure | d claims again | st you? | | | | |
| | No. Go to P | art 2. | | | | | | |
| | Yes. | | | | | | | |
| | | l of Your NONPRIORIT | | | | | | |
| 3. Do | any credito | rs have nonpriority unsec | ured claims ag | gainst you? | | | | |
| | No. You hav | ve nothing to report in this pa | art, Submit this | form to the court wit | th your other scho | edules. | | |
| | Yes. | | | | | | | |
| uns | secured clain n one credito | n, list the creditor separately | for each claim. | . For each claim list | ed, identify what i | type of claim it is | aim. If a creditor has more that. Do not list claims already into y unsecured claims fill out the | cluded in Part 1. If more Continuation Page of |
| 4.4 | | 4 O 4 1 O 4 | | | | 0000 | | Total claim |
| 4.1 | | t Control Systems Creditor's Name | *************************************** | Last 4 digits of a | count number | 6282 | | \$1,042.32 |
| | 85 Ches | tnut Ridge Road | | When was the de | bt incurred? | 2016 | | |
| | Suite 11 | | | | | | | |
| | Montvale, NJ 07645 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | | | | | |
| | Who incur | red the debt? Check one. | | _ | | | | |
| | Debtor | 1 only | | ☐ Contingent | | | | |
| | Debtor | 2 only | | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | | | |
| | | if this claim is for a comn | nunity | ☐ Student loans | | | | |
| | debt is the clair | n subject to offset? | | Obligations aris | G | ration agreemen | t or divorce that you did not | |
| | No No | age are an element | | Debts to pension | | g plans, and oth | er similar debts | |
| | ☐ Yes | | | Other. Specify | • | • | | |
| | | | | Other, Specify | Jone Chon | - SOUGHI | | na. |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 20 of 50

| Debto | or 1 Ayesha Melissa Crawford | | Case number (if know) | | | | |
|-------|--|---|--|----------|--|--|--|
| 4.2 | Birchland Market Nonpriority Creditor's Name | Last 4 digits of account number | 22E2 | \$183.73 | | | |
| | PO Box 2817 Monroe, WI 53566 | When was the debt incurred? | 2016 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | i claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obtications arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | is the claim subject to offset? | report as priority claims | and a second of a roles and you do not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other, Specify Consumer | Debt | | | | |
| 4.3 | Chase Receivables Nonpriority Creditor's Name | Last 4 digits of account number | 5750 | \$506.44 | | | |
| | 1247 Broadway Sonoma, CA 95476 | When was the debt incurred? | 2017 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separ report as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | | | | |
| | Yes | Other. Specify Collection A | Account | | | | |
| 4.4 | DirectTV | Last 4 digits of account number | 2549 | \$814.32 | | | |
| | Nonpriority Creditor's Name PO Box 5007 | | | | | | |
| | Carol Stream, IL 60197 | When was the debt incurred? | 2016 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | | ation agreement or divorce that you did not | | | | |
| | No | report as priority claims Debts to pension or profit-sharing | plane, and other cimiles debte | | | | |
| | □ Yes | | | | | | |
| | Lui Yes | Other. Specify Consumer D | Jebt | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 21 of 50

| Debte | or 1 Ayesha Melissa Crawford | | Case number (if know) | | | | |
|-------|--|--|---|---|--|--|--|
| 4.5 | ERC Nonpriority Creditor's Name | Last 4 digits of account number | 5133 | \$1,433.53 | | | |
| | PO Box 1259 Dept#98696 Oaks, PA 19456 | When was the debt incurred? | 2016 | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | | | |
| | Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | |
| | No No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Collection | Account | | | | |
| 4.6 | Fed Loan Servicing Nonpriority Creditor's Name | Last 4 digits of account number | 2256 | \$0.00 | | | |
| | PO Box 69184 Harrisburg, PA 17106 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | | | | |
| | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | alaim. | | | | |
| | At least one of the debtors and another | Student loans | Ciann, | | | | |
| | Check if this claim is for a community debt is the claim subject to offset? | · · · · | ation agreement or divorce that you did not | | | | |
| | ■ No | • | plans, and other similar dobte | | | | |
| | □Yes | Other. Specify | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | _ / 3 0 | Student Loa | | | | | |
| .7 | Fenton & McGarvey Law Firm | Last 4 digits of account number | 2360 | \$987,40 | | | |
| | Nonpriority Creditor's Name 2401 Stanley Gault Parkway | When was the debt incurred? | 2016 | ¥ 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | |
| | Louisville, KY 40223 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | | | | |
| | Debtor 1 only | | | | | | |
| | Debtor 2 only | Contingent | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured (| plaim. | | | | |
| | Check if this claim is for a community | Student loans | PIGHII. | | | | |
| | debt | Obligations arising out of a separa | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | | |
| | Yes | Other. Specify Colelction A | ccount | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 22 of 50

| Debto | or 1 Ayesha Melissa Crawford | Case number (if know) | |
|-------|---|--|---------------------------------------|
| 4.8 | Franklin Collection Service Nonpriority Creditor's Name | Last 4 digits of account number 8033 | \$494.72 |
| | PO Box 3910 Tupelo, MS 38803 | When was the debt incurred? 2016 | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Collection Account | |
| 4.9 | Gary Sanitation Department Nonpriority Creditor's Name | Last 4 digits of account number 6502 | \$449.81 |
| | PO Box 388 | When was the debt incurred? 2016 | |
| | Gary, IN 46402 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Utility Bill | |
| 4.1 | Geminus Corporation | Last 4 digits of account number 1372 | \$37.00 |
| | Nonpriority Creditor's Name | The state of the s | , , , , , , , , , , , , , , , , , , , |
| | 8400 Lousiana Streey c/o Regional Mental Health | When was the debt incurred? 2016 | |
| | Merrillville, IN 46410 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is: offeck an that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | ☐ Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify Medical Bill | |
| | | Uner. Specify Wouldar Diff | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 23 of 50

| Debi | tor 1 Ayesha Melissa Crawford | | Case number (if know) | ~ | | |
|----------|--|---|--|----------------|--|--|
| 4.1 | GM Financial | l mak A altable of an acceptance to | 2441 | 640 404 50 | | |
| | Nonpriority Creditor's Name | Last 4 digits of account number | 2441 | \$10,191.53 | | |
| | 801 Cherry Street Suite 3500 | When was the debt incurred? | 2011 | | | |
| | Fort Worth, TX 76102 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Deficiency | Balance | | | |
| 4.1 2 | Indiana American Water Company | | 5522 | 6444 00 | | |
| <u> </u> | Nonpriority Creditor's Name | Last 4 digits of account number | 3322 | \$144.00 | | |
| | PO Box 578 | When was the debt incurred? | 2016 | | | |
| | Alton, IL 62002 Number Street City State Zip Code | | | | | |
| | Who incurred the debt? Check one | As of the date you file, the claim is | s: Check all that apply | | | |
| | Debtor 1 only | rm | | | | |
| | Debtor 2 only | ☐ Contingent | | | | |
| | • | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | | | | |
| | ☐ Check if this claim is for a community debt | | | | | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | | | |
| | Yes | Other Specify Utility Bill | | | | |
| 4.1 | Jacon Alma | | | | | |
| 3 | Jason Aime Nonpriority Creditor's Name | Last 4 digits of account number | enue | \$0.00 | | |
| | 1394 E Raptor Road American Fork, UT 84003 | When was the debt incurred? | 2013 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | aim subject to offset? report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | ☐ Yes | Other, Specify Contract Def | ficiency | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 24 of 50

| Debtor 1 | Ayesha Melissa Crawford | 18-04 to 18- | Case number (if know) | |
|------------|---|--|--|------------|
| 4.1 | MaCauthy D. C. M. Ir | | | |
| | McCarthy, Burgess & Wolfe Nonpriority Creditor's Name | Last 4 digits of account number | 0099 | \$1,387.99 |
| | 26000 Cannon Road | When was the debt incurred? | 0040 | V |
| | Cleveland, OH 44143 | when was the debt incurred? | 2016 | |
| Ĩ | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| , | Who incurred the debt? Check one. | • | эт этгэл эт ама арргу | |
| l | Debtor 1 only | ☐ Contingent | | |
| - | Debtor 2 only | Unificuidated | | |
| ı | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l alaim. | |
| | | Student loans | ciain. | |
| | ☐ Check if this claim is for a community | | | |
| | s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No No | Debts to pension or profit-sharing | Tolans, and other cimilar debte | |
| | □Yes | Other. Specify Consumer I | | |
| | | - Oaler. Opecary | | |
| 1.1 5 N | lipsco | t mak to all miles of many of | 5008 | |
| · | Ionpriority Creditor's Name | Last 4 digits of account number | 5000 | \$724.14 |
| F | PO Box 13018 | When was the debt incurred? | 2016 | |
| 1 | Merrillville, IN 46411 | , | | |
| | lumber Street City State ZIp Code | As of the date you file, the claim is | : Check all that apply | |
| V | Vho incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| d- | ebt | | ation agreement or divorce that you did not | |
| is | the claim subject to offset? | report as priority claims | ation agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | plans, and other similar debts | |
| С |] _{Yes} | Other. Specify Utility Bill | prairie, and anio, climital docto | |
| | WARRAN | | | |
| .1 N | orthShore Health Centers | Last 4 digits of account number | 0087 | \$28.00 |
| N | onpriority Creditor's Name | | | Ψ |
| | O Box 1430 | When was the debt incurred? | 2015 | |
| | ortage, IN 46368 umber Street City State Zlp Code | - | | |
| | ho incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | |
| _ | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | daim: | |
| | | Student loans | entin. | |
| de | Check if this claim is for a community bt | | en e | |
| | the claim subject to offset? | Li Obligations arising out of a separa report as priority claims | tion agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | plans, and other similar debte | |
| | Yes | _ | and office office debte | |
| | 100 | Other. Specify Medical Bill | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 25 of 50

| ebto | r 1 Ayesha Melissa Crawford | | Case number (if know) | |
|------|--|--|--|-----------------------|
| 1 | Portfolio Recovery | Last 4 digits of account number | 5306 | \$932.0 |
| | Nonpriority Creditor's Name PO Box 12914 | When was the debt incurred? | 2017 | |
| | Norfolk, VA 23541 Number Street City State ZIp Code | As of the data you file the elein | in Charle all that and | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Collection | | |
| | Praxis Financial Solutions | Last 4 digits of account number | 2802 | \$1,432.0 |
| | Nonpriority Creditor's Name | | | ψ1, T UL.U |
| | 7301 N Lincoln Avenue Suite 220 | When was the debt incurred? | 2016 | |
| | Lincolnwood, IL 60712 Number Street City State Zip Code | | - 0() "" | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separ | ation agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | |
| | Yes | Other. Specify Collection A | | |
| 7 | Southwest Credit | | 8785 | \$4.004.0 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | \$1,294.04 |
| | 4120 International Parkway Suite 1100 | When was the debt incurred? | 2016 | |
| | Carrollton, TX 75007 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | : Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separa report as priority claims | ation agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | |
| | ☐ Yes | Other. Specify Collection A | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 26 of 50

| Debt | or 1 Ayesha Melissa Crawford | | Case number (if know) | |
|------|--|--|--|--|
| 4.2 | Sprint BCC | | | |
| 0 | Sprint PCS Nonpriority Creditor's Name | Last 4 digits of account number | 6956 | \$1,119.37 |
| | PO BOX 219349 | When was the debt incurred? | 2016 | |
| | Kansas City, MO 64121 | The state of the s | 2010 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | Check if this claim is for a community debt | Student loans | | |
| | ls the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | plans, and other similar debts | |
| | Yes | Other Specify Consumer | | |
| 4.2 | | | | V-18 |
| 1 | T.L.T. Thompson & Associates Nonpriority Creditor's Name | Last 4 digits of account number | 2390 | \$8,279.15 |
| | PO Box 496149 Garland, TX 75049 | When was the debt incurred? | 2016 | |
| | Number Street City State ZIp Code | As of the date you file, the claim is | : Check all that apply | |
| | Who incurred the debt? Check one. | • | o chook all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separa | ation agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | plans, and other similar debte | |
| | Yes | Other. Specify Accident Los | | |
| .2 | | | | And the second s |
| | TMobile Nonpriority Creditor's Name | Last 4 digits of account number | | \$538.06 |
| | PO Box 629025 | When was the debt incurred? | 2016 | |
| | El Dorado Hills, CA 95762 | _ | 2010 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: | Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | D Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured of | laim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a separat | ion agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing p | | |
| | Yes | Other, Specify Consumer De | ebt | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 27 of 50

| Debtor | 1 Ayesha Melissa Crawford | | Case number (if know) | |
|--------------------|--|---|---|--------------|
| 4.2 | Weltman, Weinberg & Reis | | 0040 | |
| 3 | Nonpriority Creditor's Name | Last 4 digits of account num | ber 0010 | \$593.14 |
| | 323 W. Lakeside Avenue Cleveland, OH 44113 | When was the debt incurred? | 2016 | - |
| | Number Street City State ZIp Code | As of the date you file, the cla | aim is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsec | ured claim: | |
| | Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a s report as priority claims | separation agreement or divorce that you did not | |
| | No No | · • | earing plans, and other similar debts | |
| | Yes | Other, Specify Collection | | . |
| 4.2 | Woodforest National Bank | | Name of the state | |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account numb | er | \$388.91 |
| | 25231 Grogan's Mill Road Spring, TX 77380 | When was the debt incurred? | 2016 | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the cla | im is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | ured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | eparation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | | | |
| | ■ No □ Yes | | aring plans, and other similar debts | • |
| | La res | Other. Specify Consumo | er Debt | |
| Part 3: | List Others to Be Notified About a D | ebt That You Already Listed | NAME - 1 | /Fig. 1 |
| have m notified | g to collect from you for a debt you owe to some than one creditor for any of the debts to it for any debts in Parts 1 or 2, do not fill out | someone eise, list the original creditor hat you listed in Parts 1 or 2, list the ac t or submit this page. | at you already listed in Parts 1 or 2. For examp r in Parts 1 or 2, then list the collection agency dditional creditors here. If you do not have add | |
| Afni,In | d Address C | On which entry in Part 1 or Part 2 did y Line 4.20 of (Check one): | | |
| P O Bo | | Line 4.20 of (Check one): | Part 1: Creditors with Priority Unsecured Clair | |
| Bloom | ington, IL 61702 | | Part 2: Creditors with Nonpriority Unsecured 0 | Claims |
| | | Last 4 digits of account number | 7601 | |
| | d Address | On which entry in Part 1 or Part 2 did y | ou list the original creditor? | |
| AT&T PO Box | 5003 | Line 4.8 of (Check one): | Part 1: Creditors with Priority Unsecured Clair | |
| | Stream, IL 60197 | | Part 2: Creditors with Nonpriority Unsecured 0 | Claims |
| | • | Last 4 digits of account number | | |
| Name and | 1 Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | |
| AT&T N | Nobility | | ☐ Part 1: Creditors with Priority Unsecured Claim | ns |
| | | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured C 2210 | Daims |
| Name and | Address | On which entry in Port 1 or Dow 0 444 | | |
| | arris Bank | On which entry in Part 1 or Part 2 did you Line 4.23 of (Check one): | Du list the original creditor? Part 1: Creditors with Priority Unsecured Clain | ne |
| | st Street | | Part 2: Creditors with Nonpriority Unsecured Claim | |
| ninsdal | e, IL 60521 | Last 4 digits of account number | | wan na |
| | | I digito or docuder fluitibel | 7230 | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 28 of 50

| Debtor 1 Ayesha Melissa Crawford | | Case number (if know) |
|--|--|--|
| Name and Address Capital One PO Box 30281 Salt Lake City, UT 84130 | On which entry in Part 1 or Part 2 Line 4.17 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Sait Lake City, 01 64150 | Last 4 digits of account number | , . , |
| Name and Address Comcast po box 3002 | On which entry in Part 1 or Part 2 Line 4.5 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Southeastern, PA 19398-3002 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Convergent Outsourcing INC 800 SW 39th st Renton, WA 98057 | On which entry in Part 1 or Part 2 Line 4.2 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 0267 |
| Name and Address Credit One Bank PO Box 60500 City of Industry, CA 91716 | On which entry in Part 1 or Part 2 Line <u>4.18</u> of (<i>Check one</i>): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 4651 |
| Name and Address ERC PO Box 1259 Department#98696 Oaks, PA 19456 | On which entry in Part 1 or Part 2 Line <u>4.8</u> of (<i>Check one</i>): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 9311 |
| Name and Address ERC PO Box 23870 Jacksonville, FL 32241 | On which entry in Part 1 or Part 2 Line 4.22 of (Check one): | did you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 8066 |
| Name and Address Fingerhut Direct Marketing 7075 Flying Cloud Drive Eden Prairie, MN 55344 | On which entry in Part 1 or Part 2 of Line 4.7 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Kemper Services Group PO Box 2843 Clinton, IA 52733 | On which entry in Part 1 or Part 2 or Line 4.21 of (Check one): | did you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | IL16 |
| Name and Address Monroe & Main 1112 7th Avenue Monroe, WI 53566 | On which entry in Part 1 or Part 2 or Line 4.1 of (<i>Check one</i>): | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address MRS Associates 1930 Olney Avenue Cherry Hill, NJ 08003 | On which entry in Part 1 or Part 2 d Line <u>4.11</u> of (Check one): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | 6521 |
| Name and Address One Advantage LLC PO Box 23920 Belleville, IL 62223 | On which entry in Part 1 or Part 2 d Line <u>4.15</u> of (<i>Check one</i>): | id you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| BOID THU, IL VALLU | Last 4 digits of account number | 5008 |
| Name and Address | On which entry in Part 1 or Part 2 di | d you list the original creditor? |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 29 of 50

| | | | Document Pag | ye 29 01 | 50 | |
|----------------------------|------------|----------------------------|---------------------------------------|---|-------------|--|
| Debtor 1 Ay | yesha N | Melissa Crawford | | Case | number | (if know) |
| Seventh Av | | | Line 4.3 of (Check one): | Part 1 | : Creditors | with Priority Unsecured Claims |
| 1112 7th Av Monroe, W | | | | Part 2 | : Creditors | with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number | ϵ | 570 | |
| Name and Add | | | On which entry in Part 1 or Part 2 | did you list the | original cr | editor? |
| Seventh Av | | | Line 4.1 of (Check one): | ☐ Part 1 | Creditors | with Priority Unsecured Claims |
| Monroe, Wi | | | | Part 2: | Creditors | with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number | | | |
| Name and Addi Southwest | | | On which entry in Part 1 or Part 2 or | | | |
| 4120 Intern | | Parkway | Line <u>4.22</u> of (Check one): | _ | | with Priority Unsecured Claims |
| Suite 1100 Carrollton, | | · | | Part 2: | Creditors | with Nonpriority Unsecured Claims |
| | | • | Last 4 digits of account number | 6 | 255 | |
| Name and Addr | | | On which entry in Part 1 or Part 2 o | | | |
| Vengroff Wi PO Box 415 | | Inc | Line 4.11 of (Check one): | | | with Priority Unsecured Claims |
| Sarasota, F | | 0 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | | Last 4 digits of account number | 7 | 068 | |
| Name and Addr | ess | | On which entry in Part 1 or Part 2 d | | | |
| Verizon 455 Duke Di | rivo | | Line 4.14 of (Check one): | | | with Priority Unsecured Claims |
| Franklin, TN | | • | | Part 2: | Creditors | with Nonpriority Unsecured Claims |
| | | | Last 4 digits of account number | 0 | 001 | |
| Part 4: Add | d the An | nounts for Each Type o | f Unsecured Claim | | | |
| | ounts of o | certain types of unsecured | | tical reporting | purpose | s only. 28 U.S.C. §159. Add the amounts for each |
| | | | | | | Total Claim |
| Total | 6a. | Domestic support obligat | ions | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Taxes and certain other d | ebts you owe the government | 6b. | \$ | 0.00 |

| | | | | | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| claims from Part 1 | 6b. | Tayon and contain other debte use and the | | | |
| , com r dit i | | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | | | Total Claim |
| Total | OI. | Student Idans | 6f. | \$ | 0.00 |
| claims om Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | φ | |
| | 6i. | | | Ф | 0.00 |
| | Vi. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 33,001.70 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 33,001.70 |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 30 of 50

| Fi | ll in this in | iformation to i | dentify your case: | | | |
|--|---|--|--|--|--|--|
| | | and the section of the section of the section of | environment of a service of the serv | | | |
| D€ | ebtor | First Name | issa Crawford Middle Name | Last Name | | |
| | ebtor 2 oouse If filing) | Fine blane | | | | |
| | | | Middle Name | Last Name | | |
| Ųņ | inted States | Bankruptcy Court | for the: Northern District of | Illinois | | |
| | ise number known) | | | | | ☐ Check if this is an |
| L | | | | | *************************************** | amended filing |
| | | | | | | · · |
| Of | ficial F | Form 106 | G | | | |
| Sc | hedu | ıle G: E | xecutory Co | ntracts an | d Unexpired Leases | 12/15 |
| addi 1. 2. | Do you h No. Ci Yes. F List separexample, unexpired Person or Public S Name 939 Eas | ave any execu- heck this box ar- fill in all of the ir- rately each per rent, vehicle le leases. company with Storage st 95th Stree | tory contracts or unexpired file this form with the conformation below even if the son or company with whease, cell phone). See the name whom you have the cortical whom you have the cortical and the son or whom you have the cortical and the son or company with whease, cell phone. | onal page, fill it out, in (if known). ed leases? ourt with your other school e contracts or leases a community out of the contracts of the contracts for this for this for this for the contracts or this for this for the contracts or the contracts or this for this for this for the contracts of | together, both are equally responsible for substantial states and attach it to this page and attach it to this page edules. You have nothing else to report on this are listed on Schedule A/B: Property (Official Fortract or lease. Then state what each contract min the instruction booklet for more examples State what the contract or lease is Storage space for personal posses goods. | form. rm 106A/B). t or lease is for (for of executory contracts and |
| | Chicago | o, IL 60619 | 7/00 | *************************************** | _ | |
| ry enancyclicity | Www.wassessessessessessessessessessessessesse | estes encon escasos es dia nacione mocioni describio | State ZIP Code | era est entre la seu sentre el estatent placations de cité en central estates que particular que | | and the same of a train of the last to the same of |
| 2.2 | | | | | | |
| | Name | | | | | |
| | Number | Street | | | una, | |
| | | **** | | | _ | |
| 224211257413 | City | hand desirable (1 the 4 ex fine and a strength of the factor | State ZIP Code | wife, of the set seems of protocological seems to week the rest of section of the | e was hand programment of the contraction of the co | |
| 2.3 | | | | | | |
| i | Name | | | | _ | |
| i | Number | Street | | | _ | |
| | | | | | | |
| ************************************** | City | ESPECIAL CONTRACTOR WAS CONTRACTED TO THE STATE OF THE | State ZIP Code | in toganisma and assessment of the state of | | |
| 2.4 | | | | | | |
| 1 | Name | | | | | |
| ī | Number | Street | | | _ | |
| | | | | | | |
| | City | and was the same of the first of the same o | State ZIP Code | ever entertrement i destred dat stillener between verkendelige etter et e | | |
| 2.5 | | | | | ************************************** | |
| ī | Vame | | *************************************** | | - | |
| Ñ | Number | Street | | | - | |
| _ | | | | | | |
| С | City | | State ZIP Code | | • | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 31 of 50

| 2000000000 | | | | | | |
|-------------------------|---|---|---|---|---|---|
| | 40.00-40.00-40.00 | ation to identify your | case: | | | |
| Debtor | 1 | Ayesha Melissa (| | | <u> </u> | |
| Debtor: | 2 | ristname | Middle Name | Last Name | | |
| (Spouse if | filing) | First Name | Middle Name | Last Name | | |
| United 8 | States Bank | cruptcy Court for the: | NORTHERN DISTR | ICT OF ILLINOIS | | |
| Case nu | umber | | | | | |
| (if known) | *************************************** | | | | | ☐ Check if this is an |
| | ···· | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | amended filing |
| Offici | al Fori | m 106H | | | | |
| | | d: Your Cod | ehtors | | | |
| | | roar ooa | CDIOIS | | | 12/15 |
| fill it out your nam | , and numb ne and cas | per the entries in the e number (if known) | ally responsible for so boxes on the left. Atta . Answer every questi | upplying correct information at the Additional Page to on. | n. If more space is ne this page. On the top | e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write |
| 1. D | o you have | e any codebtors? (If y | you are filing a joint cas | e, do not list either spouse a | s a codebtor. | |
| ■ N □ Y | | | | | | |
| ■ N | lo. Go to lín | e 3. | Nevada, New Mexico, | property state or territory? Puerto Rico, Texas, Washing live with you at the time? | (Community property s gton, and Wisconsin.) | states and territories include |
| Forr | ie z ayam | as a codebtor only it | that person is a guar Form 106E/F), or Sch | antor or cosigner. Make su edule G (Official Form 1060 | re vou have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | | : Your codebtor eer, Street, City, State and ZiF | *Code | The American | Column 2: The credi Check all schedules | tor to whom you owe the debt that apply: |
| 3.1 | | | | | ☐ Schedule D, line | |
| | Name | | | | ☐ Schedule E/F, line | /AMADA |
| | | | | | ☐ Schedule G, line | ************************************** |
| | Number City | Street | 0 | | | |
| | City | | State | ZIP Code | | |
| 3.2 | | | | | | |
| 3.2 | Name | | | A | Schedule D, line | |
| | | | | | ☐ Schedule E/F, line ☐ Schedule G, line | • • • • • • • • • • • • • • • • • • • |
| | Number | Street | | The second control of | == Concodic O, inte | VA Arm. 1015 |
| | City | | State | ZIP Code | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 32 of 50

| Ē | It in this information to identify your o | case: | | | | | | | |
|----------------------|--|--|--|---------------------------|--|--------------------|-----------------------|---------------------------|----------|
| : | | issa Crawford | | | | | | | |
| 1 - | ebtor 2 pouse, if filing) | | | | | | | | |
| U | nited States Bankruptcy Court for the | : NORTHERN DISTRI | CT OF ILLINOIS | - & | | | | | |
| C S Be sur | pryrig correct information, a volu | ie livina | Check if this is: An amended filing A supplement showing postpetition chap 13 income as of the following date: MM / DD/ YYYY 1 and Debtor 2), both are equally responsible to | | | | | | |
| atta | ouse. If you are separated and you ach a separate sheet to this form. If 1: Describe Employment | IF SDOUSE IS NOT THING W | ith vall do not incli | uda info | rmation | shout vour co | arraa lifi | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non | -filing spouse | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | ☐ Employed ☐ Not employed | | | | | |
| | Include part-time, seasonal, or self-employed work. | Occupation Employer's name | | | TO COMPANY AND A STATE OF THE S | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed the | here? | | | | | | |
| Pai | rt 2: Give Details About Mon | thly Income | | | | W. (A.) | | | |
| E sti Spor | mate monthly income as of the dause unless you are separated. | ite you file this form. If y | you have nothing to r | eport for | any line | , write \$0 in the | space. li | nclude your noi | n-filing |
| f yo | u or your non-filing spouse have mo e space, attach a separate sheet to i | re than one employer, co his form. | mbine the informatio | n for all e | employe | rs for that perso | n on the | lines below. If y | you need |
| | | | | | Fo | r Debtor 1 | DECEMBE \$385 646 615 | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, salar deductions). If not paid monthly, c | y, and commissions (be alculate what the monthly | efore all payroll / wage would be. | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overting | ne pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross income. Add line | e 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 33 of 50

| De | btor 1 | Ayesha Melissa Crawford | _ | Case | number (ii | f known) | <u></u> | | | |
|-----|--|---|------------------------------|----------------------|-------------------------|--------------------|----------|----------------------------|---------------------|-------------|
| | 0 | welling 41 | | Fo | r Debtor ' | 1 | | or Debte | or 2 or I spouse | |
| | Cop | by line 4 here | 4. | \$ | | 0.00 | | | N/A | <u>.</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | 0.00 | | | N/A | now. |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | | 0.00 | \$ | | N/A | · |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5d. | * | | 0.00 | | | N/A | · · |
| | 5f. | Domestic support obligations | 5e. | · · · | | 0.00 | | | N/A | |
| | 5g. | Union dues | 5f. | \$ | | 0.00 | | | N/A | **** |
| | 5h. | Other deductions. Specify: | 5g. 5h. | - | | 0.00 | . \$ | ········· | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | | · | | 0.00 | · • | - I - National Association | N/A | _ |
| 7. | | = | 6. | \$ | , | 0.00 | . \$_ | | N/A | |
| | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | · | 0.00 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | 21 | monthly net income. | 8a. | \$ | | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | | 0.00 | \$ | | N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce | | | | | | | | |
| | 8d. | settlement, and property settlement. Unemployment compensation | 8c. | \$ | | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8d. | \$ | | 0.00 | \$ | | N/A | - |
| | 8f. | Other government assistance that you regularly receive | 8e. | \$ | | 0.00 | \$ | | N/A | |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: EBT | 8f. | \$ | 19 | 2.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | | 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | + \$ | | 0.00 | + \$ | | N/A | |
| 3. | Add. | all other income. Add lines Could's Could to Lord of the | _ | | | | | | | 7 |
| ,. | Auu | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 19: | 2.00 | \$ | | N/A | <u>k.</u> j |
| 10. | | ulate monthly income. Add line 7 + line 9. | 10. \$ | | 192.00 | + \$ | | N/A | = \$ | 192.00 |
| | Add t | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | `- | | | | 132.00 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | | | | | | | | 0.00 | |
| 2. | Add t Write applie | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certains | ult is th o <i>Liabii</i> | ie comi lities ar | pined mor nd Related | nthly in d Data | come. | 12. | \$ | 192.00 |
| | | | | | | | | | Combine | ed |
| 3. | | ou expect an increase or decrease within the year after you file this form? No. | | · | | | | | monthly | |
| | | Yes. Explain: | | | | | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 34 of 50

| FI | l in this information to identify your case: | | | | | | | |
|------------|---|--|--|--|--|--|--|--|
| De | btor 1 Ayesha Melissa Crawford | V | | | | | | |
| De | btor 2 | | | ~ | ing postpolition charter | | | |
| (Sp | oouse, if filing) | | 13 expenses as of the following date: | | | | | |
| Un | ited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING | OIS | | MM / DD / YYYY | | | | |
| | se number known) | | | | | | | |
| 0 | fficial Form 106J | ### Page 12/15 ### Page 12/15 | | | | | | |
| S | chedule J: Your Expenses | | | | 40145 | | | |
| Be inf | as complete and accurate as possible. If two married people are | e filing together, both a form. On the top of any | re equ additio | ally responsible for onal pages, write yo | r supplying sorroot | | | |
| Ра 1. | rt 1:300 Describe Your Household Is this a joint case? | A COLUMN TO THE PARTY OF THE PA | | ************************************** | | | | |
| | ■ No. Go to line 2. | | | | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | for Separate Household | of Debi | tor 2 | | | | |
| 2. | Do you have dependents? No | , | | | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | | p to | | | | | |
| | Do not state the | | | | | | | |
| | dependents names. | Son | | 10 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | ***** | □ No | | | |
| | | | | | ☐ Yes | | | |
| | | | | | | | | |
| 3. | Do your expenses include | | ······································ | | ☐ Yes | | | |
| | expenses of people other than yourself and your dependents? | | | | | | | |
| Est exp | 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a supple licable date. | ou are using this form a emental <i>Schedule J</i> , ch | s a sur eck the | oplement in a Chap e box at the top of t | ter 13 case to report the form and fill in the | | | |
| he | ude expenses paid for with non-cash government assistance if you will be solved assistance and have included it on Schedule I: You icial Form 106I.) | you know our Income | | Your expen | ses. | | | |
| 4. | The rental or home ownership expenses for your residence. Incompayments and any rent for the ground or lot. | clude first mortgage | 4. \$ | | 0.00 | | | |
| | If not included in line 4: | | | | ************************************** | | | |
| | 4a. Real estate taxes | | 4- ^ | | | | | |
| | 4b. Property, homeowner's, or renter's insurance | | | | The state of the s | | | |
| | 4c. Home maintenance, repair, and upkeep expenses | | | | | | | |
| | 4d. Homeowner's association or condominium dues | , | 4d. \$ | | 0.00 | | | |
| i. | Additional mortgage payments for your residence, such as home | e equity loans | 5. \$ | | 0.00 | | | |
| | | | | | | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 35 of 50

| Debt | or 1 | Ayesha Melissa Crawford | Case nur | mber (if known) | |
|--------------|----------------|---|---|--|-------------------------|
| 6. | Utilit | ies: | | | |
| | 6a. | Electricity, heat, natural gas | 6. | . \$ | |
| | 6b. | Water, sewer, garbage collection | | . \$. \$ | 0.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | | | 0.00 |
| | 6d. | Other. Specify: Storage Bill | 6c | | 0.00 |
| | | and housekeeping supplies | 6d | | 134.00 |
| | | care and children's education costs | 7. | · | 200.00 |
| | | | 8. | | 0.00 |
| 40 | Dara. | ing, laundry, and dry cleaning | 9. | | 15.00 |
| 10. 44. | rers | onal care products and services | 10. | \$ | 20.00 |
| | | cal and dental expenses | 11. | \$ | 0.00 |
| 12. | Frans Do no | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 50,00 |
| 13. I | Ente | tainment, clubs, recreation, newspapers, magazines, and books | 13. | | |
| 14. | Charl | table contributions and religious donations | 14. | | 10.00 |
| | | ance. | ₽ ~ | 4 | 0.00 |
| | | at include insurance deducted from your pay or included in lines 4 or 20. | | | |
| • | 15a. | Life insurance | 15a. | \$ | 41.00 |
| • | 15b. | Health insurance | 15b. | | 0.00 |
| 1 | 15c. | Vehicle insurance | 15c. | | 0.00 |
| 4 | 15d. | Other insurance. Specify: | 15d. | | |
| 16. 1 | Taxes | Do not include taxes deducted from your pay or included in lines 4 or 20. | 100. | Ψ | 0.00 |
| 5 | Speci | fy: | 16. | \$ | 0.00 |
| 17. j | Instal | lment or lease payments: | | · · · · · · · · · · · · · · · · · · · | 0.00 |
| 1 | 17a. | Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 1 | 17b. | Car payments for Vehicle 2 | 17b. | V | 0.00 |
| 1 | 17c. | Other. Specify: | 17c. | | 0.00 |
| 1 | 17d. | Other. Specify: | 17d. | The second secon | |
| 18. Y | Your | payments of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| C | deduc | ted from your pay on line 5, Schedule I. Your Income (Official Form 1061) | 18. | \$ | 0.00 |
| 19. C | Other | payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specif | | 19. | | |
| 20. C | Other | real property expenses not included in lines 4 or 5 of this form or on Sched | ule I: Yo | ur Income. | |
| 2 | wa. | Mortgages on other property | 20a. | | 0.00 |
| | | Real estate taxes | 20b. | \$ | 0.00 |
| 2 | 20c. | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 2 | 20d. | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 2 | 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. C | Other | Specify: | 21. | +\$ | 0.00 |
| | ` _1 | | | | 0.00 |
| | | late your monthly expenses dd lines 4 through 21. | | | |
| | | | | \$ | 470.00 |
| | | opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 2. | 2c. A | dd line 22a and 22b. The result is your monthly expenses. | | \$ | 470.00 |
| 3. C | alcul | ate your monthly net income. | i | | |
| 2: | За. | Copy line 12 (your combined monthly income) from Schedule I. | 22- | rh. | |
| 2 | 3h | Copy your monthly expenses from line 22c above. | 23a. | • | 192.00 |
| | JU. | copy your morking expenses from line 220 above. | 23b. | -\$ | 470.00 |
| 2: | 3c. | Subtract your monthly expenses from your monthly income. | San | | |
| _ | | The result is your monthly net income. | 23c. | \$ | -278.00 |
| | | | L | | |
| 4. D | o yo | expect an increase or decrease in your expenses within the year after you | file this | form? | |
| F | ог еха | mple, do you expect to finish paying for your car loan within the year or do you expect your me | ortgage p | ayment to increase of | r decrease because of a |
| :11 | ioumca | ation to the terms of your mortgage? | | | |
| | No. | | | | |
| | J Yes | Explain here: | | | A |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 36 of 50

| Fill in this infor | mation to identify your | case. | | | |
|---------------------------------|--|--|--|---|--------------------------------------|
| Debtor 1 | Ayesha Melissa (| The process of the state of the | BARBANA SA | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | 777 - 77 - 77 - 77 - 77 - 77 - 77 - 77 | |
| | | | Last Name | NAME OF THE PARTY | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | and the state of t | | | <u> </u> | k if this is an nded filing |
| Official Forr | | | | | |
| Declarat | tion About a | ın Individual | Debtor's Sc | hedules | 12/15 |
| | | | | | |
| ii two manieu pi | eopie are filing together | , both are equally respo | nsible for supplying corr | ect information. | |
| opraining money | s form whenever you to y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1 | i connection with a bank | or amended schedules. ruptcy case can result in | Making a false statement, concealir n fines up to \$250,000, or imprisonm | ng property, or lent for up to 20 |
| Sign | n Below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attori | ney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | lame of person | | · | Attach Bankruptcy Petition P. Declaration, and Signature (C | |
| X Ly | es true and correct. | that I have read the sumr | X | with this declaration and | |
| Signatur | Melissa Crawford e of Debtor 1 | | Signature of £ | Pebtor 2 | |
| Date / | 2-4-17 | | Date | | |

| Fill in thi | s information to identify yo | our case: | | | |
|----------------------------|--|--|---|--|---|
| Debtor 1 | Ayesha Meliss | The second secon | 2000年11月1日 - 1000年11月1日 - 1000年11月 - 1000年11月1日 - 1000年11月1日 - 1000年11月1日 - 1000年11月1日 - 1000年1 | Process gray to Programme | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the | e: NORTHERN DISTRICT | | | |
| Case nun | nber | | | 7000 | |
| (if known) | | | | | heck if this is an |
| · | | Andrew Control of the | | a | mended filing |
| O 667 . | | | | | |
| | l Form 107 | | | | |
| Staten | nent of Financial | Affairs for Indivi | duals Filing for I | 3ankruptcy | 4/1 |
| momanc | nplete and accurate as pos on. If more space is needed f known). Answer every qu | 1. attach a separate sheet to | are filing together, both ar this form. On the top of a | e equally responsible for sup ny additional pages, write you | plying correct ir name and case |
| Part 1: | Give Details About Your N | larital Status and Where Yo | u Lived Before | | |
| 1. What | is your current marital sta | tus? | | | |
| | Married | | | | |
| = 1 | Not married | | | | |
| 2. Durin | g the last 3 years, have you | ı lived anywhere other than | where you live now? | | |
| _ | 10 | • | , | | |
| | | lived in the last 3 years. Do r | not include where you live on | ., | |
| | | V - 4 | - | | |
| Dept | or 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there |
| | Lakewood Avenue v, IN 46403 | From-To: 2011-2016 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| 7011 | South Merrill | From-To: | ☐ Same as Debtor | 4 | |
| Chic | ago, IL 60649 | 2015-current | □ Same as Debior | ! | Same as Debtor 1 From-To: |
| | | | | Vaccor = 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1 | |
| 3. Within states and t | n the last 8 years, did you e territories include Arizona, Ca | ver live with a spouse or lea difornia, Idaho, Louisiana, Ne | gal equivalent in a commur vada, New Mexico, Puerto R | ity property state or territory ico, Texas, Washington and Wi | ? (Community property sconsin.) |
| ■ N | lo | | | | |
| □ Y | es. Make sure you fill out Sc | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explain the Sources of You | ır İncoma | | | |
| | Explain ale coulces of 10t | ii ii)Coii)e | | | |
| LIII III I | ne total amount of income yo | nployment or from operating the received from all jobs and a have income that you received. | all businesses, including part | ear or the two previous calend time activities. Ider Debtor 1. | dar years? |
|) 🔀 N | | | - | | |
| · | es. Fill in the details. | | | | |
| MC | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 38 of 50

| | Debtor 1 Ayesha Melissa Crawford | | Case number (if known) | | |
|--|--|---|--|---|--|
| | Debtor 1 | NGCOBARANA OCH CONONA AVA | / → Marchine and early state of the milk and a | s de sala de la cerca de como d | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | ŕ | |
| | ☐ Operating a business | | Operating a business | | |
| For last calendar year: (January 1 to December 31, 2016) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | · | |
| | Operating a business | | ☐ Operating a business | | |
| For the calendar year before that: (January 1 to December 31, 2015) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | | |
| | Operating a business | | ☐ Operating a business | | |
| or the calendar year: January 1 to December 31, 2014) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | · | |
| | Operating a business | | Operating a business | | |
| List each source and the gross incon No Yes Fill in the details | ne from each source separate | lly. Do not include income th | at you listed in line 4. | | |
| No Yes. Fill in the details. | ne from each source separate Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) | |
| No Yes. Fill in the details. | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | (before deductions | |
| Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor De individual primarily for a p During the 90 days before No. Go to line 7. Yes List below ear paid that cred | Debtor 1 Sources of income Describe below. flade Before You Filed for Bacteria between the second of the second o | Gross income from each source (before deductions and exclusions) ankruptcy tebts? ner debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in for domestic support obligat | Debtor 2 Sources of income Describe below. | (before deductions and exclusions) 3) as "incurred by an | |
| Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor Deindividual primarily for a p During the 90 days before No. Go to line 7. Yes List below ear paid that cred not include parts. | Debtor 1 Sources of income Describe below. flade Before You Filed for Badebts primarily consumer of btor 2 has primarily consumersonal, family, or household by you filed for bankruptcy, did the creditor to whom you paid allitor. Do not include payments ayments to an attorney for this in 4/01/19 and every 3 years a | Gross income from each source (before deductions and exclusions) ankruptcy debts? ner debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in for domestic support obligate bankruptcy case. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 101(8) of \$6,425* or more? one or more payments and the ions, such as child support and | (before deductions and exclusions) 3) as "incurred by an | |
| Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor Deindividual primarily for a p During the 90 days before No. Go to line 7. Yes List below ear paid that cred not include par subject to adjustment or yes. | Debtor 1 Sources of income Describe below. flade Before You Filed for Badebts primarily consumer of btor 2 has primarily consumersonal, family, or household by you filed for bankruptcy, did the creditor to whom you paid allitor. Do not include payments ayments to an attorney for this in 4/01/19 and every 3 years a | Gross income from each source (before deductions and exclusions) ankruptcy debts? ner debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in for domestic support obligate bankruptcy case, after that for cases filed on or er debts. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 101(8 of \$6,425* or more? one or more payments and the ions, such as child support and after the date of adjustment. | (before deductions and exclusions) 3) as "incurred by an | |
| Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor Deindividual primarily for a p During the 90 days before No. Go to line 7. Yes. List below ear paid that cred not include paid that cred not incl | Debtor 1 Sources of income Describe below. Index Before You Filed for Barriage debts primarily consumer of the second of the s | Gross income from each source (before deductions and exclusions) ankruptcy debts? ner debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in for domestic support obligate bankruptcy case. after that for cases filed on or er debts. you pay any creditor a total of the consumer debts. | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 101(8 of \$6,425* or more? one or more payments and the ions, such as child support and after the date of adjustment. If \$600 or more? | (before deductions and exclusions) 3) as "incurred by an total amount you alimony. Also, do | |
| Are either Debtor 1's or Debtor 2's No. Neither Debtor 1 nor Deindividual primarily for a p During the 90 days before No. Go to line 7. Yes. List below ear paid that cred not include pa * Subject to adjustment or During the 90 days before Yes. Debtor 1 or Debtor 2 or to During the 90 days before No. Go to line 7. Yes. List below ear include payments or the paid that cred not include payments or the payments | Debtor 1 Sources of income Describe below. Index Before You Filed for Bedebts primarily consumer of btor 2 has primarily consumersonal, family, or household be you filed for bankruptcy, did sold characteristic to whom you paid all the consumers of the consumer | Gross income from each source (before deductions and exclusions) ankruptcy debts? ner debts. Consumer debts a purpose." you pay any creditor a total of a total of \$6,425* or more in for domestic support obligate bankruptcy case. after that for cases filed on or er debts. you pay any creditor a total of a total of \$600 or more and the support o | Debtor 2 Sources of income Describe below. are defined in 11 U.S.C. § 101(8 of \$6,425* or more? one or more payments and the ions, such as child support and after the date of adjustment. | (before deductions and exclusions) 3) as "incurred by an total amount you alimony. Also, do | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 39 of 50 Debtor 1 Ayesha Melissa Crawford Case number (if known) Creditor's Name and Address Dates of payment Total amount Amount vou Was this payment for ... still owe paid **Public Storage** 09/01/2017 \$134.00 \$134.00 ■ Mortgage 939 East 95th Street 10/01/2017 Car \$ 115,000 M Chicago, IL 60649 11/01/2017 Credit Card DIE VIENN Loan Repayment Suppliers or vendors Other Storage rental fee for all my possessions Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? No. Go to line 11. Creditor Name and Address Describe the Property Value of the property

Check all that apply and fill in the details below.

Yes. Fill in the information below.

Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was

Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Official Form 107

Yes

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 40 of 50

| U | ebtor 1 Ayesha Melissa Crawford | Case number | (if known) |
|----------------|--|---|---|
| | | | |
| Ľ | art 5: List Certain Gifts and Contributi | ons | |
| 13 | ■ No | kruptcy, did you give any gifts with a total value of more t | han \$600 per person? |
| | Yes. Fill in the details for each gift, | | |
| | Gifts with a total value of more than \$ per person | 600 Describe the gifts | Dates you gave Value the gifts |
| | Person to Whom You Gave the Gift ar Address: | nd i la sistema de la seconda | |
| 14. | Within 2 years before you filed for ban | kruptcy, did you give any gifts or contributions with a tota | Nature of more than \$600 to any charity? |
| | No Yes. Fill in the details for each gift or | | to any charty: |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | | Dates you Value contributed |
| D ₀ | | | |
| LC | rt 6: List Certain Losses | | |
| 15. | Within 1 year before you filed for banks or gambling? | ruptcy or since you filed for bankruptcy, did you lose anyt | hing because of theft, fire, other disaster, |
| | No Yes. Fill in the details. | | |
| | Describe the property you lost and | Describe any insurance coverage for the loss | Date of your Value of property |
| | how the loss occurred | Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | loss lost |
| Pa | t 7: List Certain Payments or Transfe | rs | |
| 16. | oursaired about seeking pankinbics of | uptcy, did you or anyone else acting on your behalf pay o preparing a bankruptcy petition? preparers, or credit counseling agencies for services required | |
| | No Yes. Fill in the details. | | , , |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | Description and value of any property transferred | Date payment Amount of or transfer was payment made |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | uptcy, did you or anyone else acting on your behalf pay or ditors or to make payments to your creditors? It you listed on line 16. | transfer any property to anyone who |
| | ■ No | | |
| | Yes. Fill in the details. | | |
| | Person Who Was Paid Address | Description and value of any property transferred | Date payment Amount of or transfer was payment made |
| | | | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 41 of 50

| De | ebtor 1 | Ayesha Melissa Crawfo | ord | ************************************** | Case number (if known) | |
|----------|------------------------|---|-------------------------------------|---|--|---|
| 18. | Withi | in 2 years before you filed fo | or bankruptev. | did you sell, trade, or otherwise | e transfer any property to anyone, othe | ar than nean |
| | includ | secred in the orditially could | transfers made | ness or financial affairs? as security (such as the granting | of a security interest or mortgage on you | |
| | | No Yes. Fill in the details. | | | | |
| | | on Who Received Transfer | | Description and value of property transferred | Describe any property or payments received or debts | Date transfer was |
| | Pers | on's relationship to you | | | paid in exchange | |
| 19. | | n 10 years before you filed t ficiary? (These are often calle | for bankruptcy ed asset-protect | , did you transfer any property tion devices.) | to a self-settled trust or similar device | of which you are a |
| | _ ` | res. Fill in the details. | | | | |
| | Nam | e of trust | | Description and value of the | property transferred | Date Transfer was |
| Par | rt 8: 🔞 | List of Certain Financial Ac | counts, Instru | ments, Safe Deposit Boxes, an | d Storage Units | |
| 20. | ouid, | moved, or nanatelieur | | | nstruments held in your name, or for y | |
| | | ie checking, savings, mone es, pension funds, cooperat lo | y market, or ot lives, associati | her financial accounts; certific ons, and other financial institu | ates of deposit; shares in banks, credit tions. | unions, brokerage |
| | | es. Fill in the details. | | | | |
| | Name Addre Code) | e of Financial Institution and ess (Number, Street, City, State and | d Las | st 4 digits of Type of account number instrumer | the state of the s | Last balance before closing o transfe |
| 1. | Do yo cash, | u now have, or did you have or other valuables? | e within 1 year | before you filed for bankruptcy | , any safe deposit box or other deposi | tory for securities, |
| | N O | o es. Fill in the details. | | | | |
| | | of Financial Institution SSS (Number, Street, City, State and | ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| 2. | Have y | ou stored property in a sto | rage unit or pla | ace other than your home withi | n 1 year before you filed for bankruptc | y? |
| | | | | | | |
| سعم د | Addre | of Storage Facility PSS (Number, Street, City, State and | 719 Godel 954 | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents Misc. Prisonal Possession Thouse hald Goods | Do you still |
| art | 9: L | ني کان dentify Property You Hold o | アイン ひのしん or Control for S | r Qr | and chaire table | |
| 3. | Do you | | | | erty you borrowed from, are storing fo | r, or hold in trust |
| 1 | No. | | | | | |
| , | Owner | es. Fill in the details. r's Name ss (Number, Street, City, State and J | ZIP Code) | Where is the property? (Number, Street, City, State and ZIP | Describe the property | Value |
| | | Sive Details About Environm | | Code) | | |
| | | | | | | MANAGE TO THE REAL PROPERTY OF THE PARTY OF |
| n tr | ie purp | oose of Part 10, the followin | g definitions a | pply: | | |
| E | Enviror | nmental law means any fede | eral, state, or lo | cal statute or regulation conce | rning nollution, contamination, release | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 42 of 50

| De | ebtor 1 Ayesha Mo | elissa Crawford | · · · · · · · · · · · · · · · · · · · | Case number (if known) | |
|-----|---------------------------------------|----------------------------------|--|---|--------------------|
| | toxic substances, | wastes, or material into t | the air, land, soil, surface water, grou e substances, wastes, or material. | ndwater, or other medium, including sta | tutes or |
| 8 | Site means any loc | | y as defined under any environmenta | al law, whether you now own, operate, or | utilize it or used |
| | Hazardous materia | | vironmental iaw defines as a hazardo | us waste, hazardous substance, toxic su | bstance, |
| Re | | | at you know about, regardless of wh | en they occurred. | |
| | | | | le under or in violation of an environmen | ital law? |
| | No Yes. Fill in the | | | | |
| | Name of site Address (Number, St | ireet, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified a | any governmental unit of | any release of hazardous material? | | |
| | No Yes. Fill in the | details. | | | |
| | Name of site Address (Number, St. | reet, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State a ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a pa | arty in any judicial or adn | ninistrative proceeding under any en | vironmental law? Include settlements and | d orders. |
| | No Yes. Fill in the | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | | Status of the case |
| Par | 111: Give Details A | About Your Business or (| Connections to Any Business | | |
| 27. | Within 4 years befo | re you filed for bankrupte | cy, did you own a business or have a | ny of the following connections to any b | usiness? |
| | | | a trade, profession, or other activity | | |
| | 🚾 A member o | of a limited liability compa | any (LLC) or limited liability partnersh | nip (LLP) | |
| | ☐ A partner in | a partnership | | | |
| | ☐ An officer, d | lirector, or managing exe | cutive of a corporation | | |
| | ☐ An owner of | at least 5% of the voting | or equity securities of a corporation | | |
| | | above applies. Go to P | | | |
| | Yes. Check all t | that apply above and fill i | n the details below for each busines | 4 | |
| | Business Name | | Describe the nature of the business | Employer Identification number | |
| | Address (Number, Street, City, Sta | | Name of accountant or bookkeeper | Do not include Social Security nur | nber or ITIN. |
| | An Angel In Symo | | Misc. | Dates business existed EIN: 20-8213878 | |
| | 8601 Lakewood A Gary, IN 46403 | | n/a | From-To 2013-currrent | |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 43 of 50

| Debtor 1 Ayesha Melissa Crawford | Case number (# known) |
|--|---|
| 28. Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | tcy, did you give a financial statement to anyone about your business? Include all financial |
| No No | |
| Yes. Fill in the details below. | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
| Part 12: Sign Below | |
| with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 357. Ayesha Melissa Crawford Signature of Debtor 1 | nancial Affairs and any attachments, and I declare under penalty of perjury that the answers false statement, concealing property, or obtaining money or property by fraud in connection \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 |
| Date 12-4-17 | Date |
| Did you attach additional pages to Your Statement No ☐ Yes | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is not ■ No | an attorney to help you fill out bankruptcy forms? |
| Yes. Name of Person Attach the Bankrup | otcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 44 of 50

| Fill in this infor | mation to identify you | ır case: | | |
|---------------------------------|--|--|--|--|
| Debtor 1 | Ayesha Melissa | Crowford | recognision in the first of the form that the first of th | |
| į | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | A Production Commence | | |
| : | • | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRI | ICT OF ILLINOIS | |
| Case number (if known) | *** | | | |
| | | | | ☐ Check if this is an amended filing |
| | | | AMAGA | amended ming |
| Official Fo | rm 108 | | | |
| · · · | | on for Indici- | locale Filler III | |
| Statemen | it of intentio | on for individ | duals Filing Under Ch | apter 7 12/15 |
| If you are an ind | ividual filing under ch | apter 7, you must fill ou | at this form if: | |
| creditors have | e claims secured by y | our property, or | | |
| you have leas | sed personal property | and the lease has not e | expired. | |
| You must file thi whiche | s form with the court | within 30 days after you | ifile your bankruptcy petition or by the | date set for the meeting of creditors, |
| on the | form | ine court extenus the th | me for cause. You must also send copie | s to the creditors and lessors you list |
| f two married pe | ople are filing togeth | er in a joint case, both a | are equally responsible for supplying co | man of the formation in the state of the sta |
| sign an | d date the form. | | ne education responsible for supplying co | rrect information. Both debtors must |
| Зе as complete a | and accurate as possi | ble. If more space is ne | eded, attach a separate sheet to this for | m. On the ten of any additional account |
| write y | our name and case nu | ımber (if known). | , and on a sopulate sheet to this for | in. On the top of any additional pages |
| Part 1: List Yo | our Creditors Who Ha | ve Secured Claims | | |
| | | | | |
| information be | ors that you listed in F low. | Part 1 of Schedule D: Cr | editors Who Have Claims Secured by Pr | operty (Official Form 106D), fill in the |
| Identify the cre | ditor and the property | that is collateral V | hat do you intend to do with the proper | ty that Did you claim the propert |
| |) / | | ecures a debt? | as exempt on Schedule C |
| Creditor's | ablic Sta 39 E. 95- Personal pus usehold good sets, table | Caal r | Surrender the property. | El Mi |
| name: 93 | 39 8. 957 | 450 | Retain the property and redeem it. | □ No |
| | a Chao | IC 60619E | Retain the property and enter into a | ™ Yes |
| Description of | hersonal pus | secsione | Reaffirmation Agreement. | |
| property /) 2: | usehold good | is aldian 1 | Retain the property and [explain]: | 1 0 |
| securing debt; | oets, Fable | * Charco | sume payments at | 7.8() |
| Creditor's | | · · · · · · · · · · · · · · · · · · · | ischarge | |
| name: | | | Surrender the property. | □ No |
| riamo. | | | Retain the property and redeem it. | |
| Description of | | <u>. </u> | Retain the property and enter into a | ☐ Yes |
| property | | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | | | |
| Creditor's | | bases | | |
| name: | | | Surrender the property. | □ No |
| | | 닏 | Retain the property and redeem it. | ПV |
| Description of | | | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | | П | Retain the property and [explain]: | |
| securing debt: | | | | |
| Creditor's | THE STATE OF THE S | The state of the s | | ************************************** |
| Citalion 5 | | | Surrender the property. | □No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Case 17-36046 Doc 1 Filed 12/04/17 Entered 12/04/17 15:38:58 Desc Main Document Page 45 of 50

| Debtor 1 | Ayesha Melissa Crawford | Case number (if kn | own) |
|---------------------------------------|--|--|---|
| name: | otion of | ☐ Retain the property and redeem it.☐ Retain the property and enter into a | ☐ Yes |
| Descrip propert | | Reaffirmation Agreement. | |
| securin | • | ☐ Retain the property and [explain]: | ···· |
| For any ur in the info | imalion below. Do not list real estate leas | eases listed in Schedule G: Executory Contracts and Unexp es. Unexpired leases are leases that are still in effect; ase if the trustee does not assume it. 11 U.S.C. § 365(| the lease nation has not upt and ad- |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's n Descriptio Property: | name: Phblic Storage n of leased 939E Chgo IC | Misc. Personal Property, house GOG19 hold good. 26drs GOG19 Set, table & chair. | ['] □ No ⁽⁻ □ Ves |
| Lessor's n | ame: Chgo IC | 60610 hold good, 26drs | 1 D No |
| Description Property: | n of leased | 3et, table a chair. | ∫ Yes |
| Lessor's n | ame; | | □ No |
| Description Property: | n of leased | | □ Yes |
| Lessor's na | | | □ No |
| Description Property: | n of leased | | |
| | | | ☐ Yes |
| Lessor's na Description | ame: n of leased | | □ No |
| Property: | | | ☐ Yes |
| Lessor's na | | | □ No |
| Property: | n of leased | | ☐ Yes |
| essor's na | | | □ No |
| Description Property: | TOFTeaseu | | ☐ Yes |
| Part 3. 📎 S | Sign Below | | |
| nder pena roperty th | alty of perjury, I declare that I have indicate at is subject to an unexpired lease. | ed my intention about any property of my estate that | secures a debt and any personal |
| K () Ayes | ha Melissa Crawford ture of Debtor 1 | X Signature of Debtor 2 | |
| Date | 12-4-17 | Date | |

United States Bankruptcy Court Northern District of Illinois

| | | Morenes in Distract of Tillions | | |
|-------|--|---|------------------------------|--|
| In re | Ayesha Melissa Crawford | Debtor(s) | Case No. Chapter 7 | and consideration in progress a second second of the second secon |
| | | | F - | The second secon |
| | VEI | RIFICATION OF CREDITOR M. | ATRIX | |
| | | Number of O | Creditors: | 40 |
| | The above-named Debtor(s) l (our) knowledge. | hereby verifies that the list of credito | ors is true and correct to t | the best of my |
| Date: | 12-4-17 | Ayesha Melissa Crawford Signature of Debtor | Der | |

Account Control Systems 85 Chestnut Ridge Road Suite 113 Montvale, NJ 07645

Afni, Inc P O Box 3517 Bloomington, IL 61702

AT&T PO Box 5093 Carol Stream, IL 60197

AT&T Mobility

Birchland Market PO Box 2817 Monroe, WI 53566

BMO Harris Bank 114 W 1st Street Hinsdale, IL 60521

Capital One PO Box 30281 Salt Lake City, UT 84130

Chase Receivables 1247 Broadway Sonoma, CA 95476

Comcast po box 3002 Southeastern, PA 19398-3002

Convergent Outsourcing INC 800 SW 39th st Renton, WA 98057

Credit One Bank PO Box 60500 City of Industry, CA 91716 DirectTV PO Box 5007 Carol Stream, IL 60197

ERC PO Box 1259 Dept#98696 Oaks, PA 19456

Fed Loan Servicing PO Box 69184 Harrisburg, PA 17106

Fenton & McGarvey Law Firm 2401 Stanley Gault Parkway Louisville, KY 40223

Fingerhut Direct Marketing 7075 Flying Cloud Drive Eden Prairie, MN 55344

Franklin Collection Service PO Box 3910 Tupelo, MS 38803

Gary Sanitation Department PO Box 388 Gary, IN 46402

Geminus Corporation 8400 Lousiana Streey c/o Regional Mental Health Merrillville, IN 46410

GM Financial 801 Cherry Street Suite 3500 Fort Worth, TX 76102

Indiana American Water Company PO Box 578 Alton, IL 62002 Jason Aime 1394 E Raptor Road American Fork, UT 84003

Kemper Services Group PO Box 2843 Clinton, IA 52733

McCarthy, Burgess & Wolfe 26000 Cannon Road Cleveland, OH 44143

Monroe & Main 1112 7th Avenue Monroe, WI 53566

MRS Associates 1930 Olney Avenue Cherry Hill, NJ 08003

Nipsco PO Box 13018 Merrillville, IN 46411

NorthShore Health Centers PO Box 1430 Portage, IN 46368

One Advantage LLC PO Box 23920 Belleville, IL 62223

Portfolio Recovery PO Box 12914 Norfolk, VA 23541

Praxis Financial Solutions 7301 N Lincoln Avenue Suite 220 Lincolnwood, IL 60712

Seventh Avenue 1112 7th Avenue Monroe, WI 53566 Southwest Credit 4120 International Parkway Suite 1100 Carrollton, TX 75007

Sprint PCS PO BOX 219349 Kansas City, MO 64121

T.L.T. Thompson & Associates PO Box 496149 Garland, TX 75049

TMobile PO Box 629025 El Dorado Hills, CA 95762

Vengroff Williams Inc PO Box 4155 Sarasota, FL 34230

Verizon 455 Duke Drive Franklin, TN 37067

Weltman, Weinberg & Reis 323 W. Lakeside Avenue Cleveland, OH 44113

Woodforest National Bank 25231 Grogan's Mill Road Spring, TX 77380

Public Storage 939 E. 95 th st Chgo IL 60619